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Excelsior College Examination
Content Guide for
Adult Nursing

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Important information to help you prepare for this Excelsior College Examination

General Description of the Examination

The Excelsior College Examination in Adult Nursing measures knowledge and understanding of the health and nursing care of young, middle-aged, and older adults. It is based on material normally taught in an upper-division sequence of courses in medical-surgical nursing or adult nursing at the baccalaureate level.

The examination tests for a knowledge and understanding of the physiological, developmental, psychological, social, cultural, and spiritual dimensions of health and illness in adults. It tests for the ability to use the nursing process in a variety of settings to deliver health care to adults with actual or potential health problems.

■ Uses for the Examination

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

■ Examination Length and Scoring

The examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

■ Computer-Delivered Testing

If you are testing at a Prometric Testing Center®,* your exam will be delivered by computer. You will enter your answers on the computer using either the keyboard or the mouse.

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Excelsior College is a nonprofit educational service organization, and has no affiliation with, nor does it endorse or recommend, any profit-making education counseling centers. Initial counseling and advising for college degrees is usually provided FREE by degree-granting institutions. Students wishing to demonstrate college-level learning by taking Excelsior College Examinations can receive their FREE copies of the appropriate content guides by requesting them from Excelsior College.

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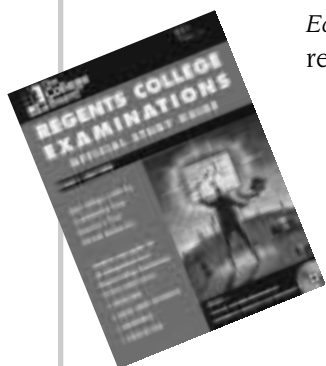
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■ **The Regents College Examinations Official Study Guide, 2001 Edition—Now the best resource for Excelsior College Examinations.**

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for Excelsior College Examinations

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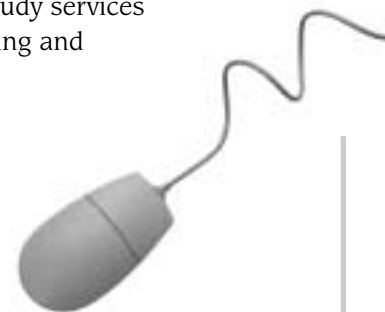
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■ **Electronic Peer Network (EPN)** is a Web-based environment that enables enrolled Excelsior College students to interact academically and socially. As an EPN member, you will be able to locate a study partner, chat in real time with other students, and access other resources that may help you study for Excelsior College Examinations. Enrolled students can join the EPN by visiting the Excelsior College home page at www.excelsior.edu and clicking on Electronic Peer Network or by connecting directly to the EPN homepage at GL.excelsior.edu.

■ **Online Study Services** provide students with an opportunity to obtain help from a subject matter expert and others studying the same subject. Online study services are currently available on a fee-for-service basis to assist you with writing and statistics. Please email requests for more information about these services to the appropriate address: write@excelsior.edu or stats@excelsior.edu or call **Learning Services** at **888-647-2388** (press 1-4-4 at the greeting). If you have suggestions for new online study services, please send an email to learn@excelsior.edu.

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Content Outline

The major content areas on the examination and the percent of the examination devoted to each content area are listed below.

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Core Concepts	10%
II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction	10%
III. Nursing Management of Clients with Respiratory System Dysfunction	10%
IV. Nursing Management of Clients with Urinary System Dysfunction	10%
V. Nursing Management of Clients with Reproductive System Dysfunction	10%
VI. Nursing Management of Clients with Endocrine System Dysfunction	10%
VII. Nursing Management of Clients with Gastrointestinal System Dysfunction	10%
VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction	10%
IX. Nursing Management of Clients with Musculoskeletal System Dysfunction	10%
X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction	10%
Total	<u>10%</u> 100%

■ Use of the Nursing Process Dimension in this Content Outline

The nursing process dimension indicates the stage of the nursing process to which the content of the item is predominantly related. Items are classified as relating to Assessment, Analysis, Planning, Implementation, or Evaluation.

For the purposes of this examination, the stages of the nursing process are defined as follows:

- A. Assessment is the process of gathering and synthesizing data about the client's health status.
- B. Analysis is the identification of the client problem (nursing diagnosis) and the determination of the expected outcomes (goals) of client care.
- C. Planning is the formulation of specific strategies to achieve the expected outcomes.
- D. Implementation is the carrying out of nursing care designed to move the client toward the expected outcomes.
- E. Evaluation is the appraisal of the effectiveness of the nursing interventions relative to the nursing diagnosis and the expected outcomes.

■ Note Concerning Wording of Nursing Diagnosis

The North American Nursing Diagnosis Association (NANDA) continually revises and updates its listing of diagnostic categories, defining characteristics, and etiological factors. For example, between 1989 and 1994 the term "potential" was revised to "high risk" and then to "risk for." Questions on this examination that include nursing diagnoses are not intended to test your knowledge of current wording or phrasing. The questions are intended to test your ability to recognize nursing diagnoses that result from nursing assessments. For the purpose of this examination, all diagnoses should be considered correctly worded, even if a newer version of the diagnosis is being used by NANDA.

In the outline below, illustrative examples are included in each content area. The content of this examination is not limited to these examples only.

The material included in Area I serves as a foundation for the material covered in Areas II–X.

I. Core Concepts (10%)

A. Theories about adulthood — E. Erikson, R.J. Havighurst, D.J. Levinson

B. Individual differences in health behaviors — physical, developmental, psychological, social, cultural, and spiritual dimensions of health and illness

C. Stress response

1. Physiological response (for example: fight-or-flight response, neuroendocrine response)
2. Psychological response (for example: anxiety, fear, panic)
3. Patterns of coping and adaptation

D. Pain

1. Theories of pain mechanism (for example: specificity theory, gate control theory)
2. Types of pain (for example: superficial, deep, referred, phantom limb, acute, chronic)
3. Treatment modalities (for example: medications, imagery, behavior modification, modes of medication administration)

E. Fluid and electrolyte imbalance

1. Disturbances in homeostasis (for example: fluid overload and deficiencies, metabolic and respiratory acidosis and alkalosis, electrolyte disturbances)
2. Manifestations (for example: hyperpnea, tetany, confusion, EKG changes)

3. Treatment modalities (for example: fluid and electrolyte replacement therapy, medications, dietary modifications)

F. Shock

1. Types — cardiogenic, hypovolemic, distributive
2. Pathophysiology — compensatory, progressive, refractory
3. Manifestations (for example: changes in renal function, acid base balance, perfusion, cardiac output, level of consciousness, fluid dynamics)
4. Treatment modalities (for example: respiratory support, fluids, medications, hemodynamic monitoring, perfusion assistive devices)
5. Complications (for example: adult respiratory distress syndrome [ARDS], disseminated intravascular coagulation [DIC], prerenal failure)

G. Technology management in the hospital and at home

1. Respiratory support
2. Parenteral therapy (for example: central line management, total parenteral nutrition, chemotherapy, vasoactive medication)
3. Enteral feeding tubes (for example: gastrostomy, nasogastric, jejunostomy)

II. Nursing Management of Clients with Cardiovascular System and Hematologic System Dysfunction (10%)

This area focuses on topics such as hypertension, ischemic heart disease, congestive heart failure, valvular disorders, thrombophlebitis, peripheral vascular disease, aneurysm, inflammatory and infective heart disease, dysrhythmias, anemias, blood dyscrasias.

- A. **Assessment** (for example: identifying cardiovascular risk factors, assessing physical and behavioral manifestations and responses, interpreting laboratory and diagnostic test results, monitoring dysrhythmias, assessing response to surgery and diagnostic procedures)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for decreased cardiac output, activity intolerance, anxiety, fluid volume excess, high risk for infection, impaired tissue integrity, self-esteem disturbance, altered comfort, altered tissue perfusion, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and risk factor modification; supervising the administration of blood products; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating patterns of pain and response to pain therapy; evaluating response to diuretics, cardiotonics, antiarrhythmics, antihypertensives, chemotherapy, thrombolytic therapy, pacemakers, internal defibrillators, cardiac catheterization and related procedures, and surgery)

III. Nursing Management of Clients with Respiratory System Dysfunction (10%)

This area focuses on topics such as asthma; inflammatory and infective respiratory diseases, such as pneumonia and tuberculosis; pneumothorax; chronic obstructive pulmonary disease; cor pulmonale; pulmonary embolism; acute respiratory failure; sleep apnea; cancer of the larynx and lung.

- A. **Assessment** (for example: identifying respiratory risk factors; assessing physical and behavioral manifestations; interpreting laboratory and diagnostic test results, such as arterial blood gases and pulmonary function tests)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for ineffective airway clearance, ineffective breathing pattern, impaired gas exchange, altered lifestyle, anxiety, activity intolerance, and prevention of complications)
- D. **Implementation** (for example: assisting with maintenance of adequate airway; assisting with activities of daily living; medication management; promoting effective coping strategies; teaching about self-care, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, corticosteroids, bronchodilators, chest tubes, oxygen therapy, and surgery)

IV. Nursing Management of Clients with Urinary System Dysfunction (10%)

This area focuses on topics such as cystitis; pyelonephritis; obstructive uropathies, such as benign prostatic hyperplasia; renal calculi; acute and chronic renal failure; renal trauma; urinary incontinence; glomerulonephritis; cancer of the bladder.

- A. **Assessment** (for example: identifying risk factors for urinary and renal dysfunction, assessing physical and behavioral manifestations, interpreting laboratory and diagnostic test results, assessing incontinence patterns)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for fluid and electrolyte imbalance, altered comfort, altered urinary elimination, body image disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with management of urinary catheters and urinary diversion; assisting with activities of daily living; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antibiotics, antihypertensives, diuretics, dialysis, and surgery)

V. Nursing Management of Clients with Reproductive System Dysfunction (10%)

This area focuses on topics such as sexually transmitted diseases; pelvic inflammatory disease; endometriosis; premenstrual syndrome; perimenopausal problems; impotence; cancer of the ovaries, cervix, endometrium, and breast; cancer of the testes and prostate.

- A. **Assessment** (for example: identifying risk factors for reproductive system dysfunction, assessing for physical and behavioral manifestations, identifying high-risk behaviors for sexually transmitted diseases, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate outcome criteria)
- C. **Planning** (for example: formulating specific strategies for self-esteem disturbance, body image disturbance, knowledge deficit, altered sexuality patterns, self-protection and protection of partners, altered comfort, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; promoting optimal sexual health; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge and adherence to self-monitoring practices; validating the client's perception of the effectiveness of intervention; evaluating response to hormonal agents, antibiotics, chemotherapy, radiation therapy, and surgery)

VI. Nursing Management of Clients with Endocrine System Dysfunction (10%)

This area focuses on topics such as diabetes mellitus, thyroid dysfunction, parathyroid dysfunction, pituitary dysfunction, adrenal dysfunction.

- A. **Assessment** (for example: identifying risk factors for endocrine system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for activity intolerance, sleep pattern disturbance, altered nutrition, knowledge deficit, risk for infection, impaired skin integrity, altered fluid volume, altered role performance, ineffective coping, altered body image, and prevention of complications)
- D. **Implementation** (for example: promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of the intervention; evaluating response to hypoglycemic agents, hormonal agents, and surgery)

VII. Nursing Management of Clients with Gastrointestinal System Dysfunction (10%)

This area focuses on topics such as inflammatory and infective disorders of the gastrointestinal tract; constipation; eating and absorption disorders; obesity; bowel obstruction; hiatal hernia; ulcers; cholelithiasis; pancreatitis; cirrhosis; inflammatory bowel disease; hepatitis; abdominal trauma; cancer of the mouth, esophagus, stomach, pancreas, liver, colon, and rectum.

- A. **Assessment** (for example: identifying risk factors for gastrointestinal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for preparation for diagnostic testing, altered comfort, fluid volume deficit, altered nutrition, altered bowel elimination, impaired skin integrity, knowledge deficit, self-esteem disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living; helping clients manage ostomy care; promoting effective coping strategies; teaching about self-care, medication management, self-monitoring techniques, dietary adjustments, and lifestyle changes; providing nutritional support; implementing the medical plan)
- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to anticholinergic agents, histamine receptor inhibitors, antacids, antiemetics, antidiarrheals, cathartics, enteral and parenteral nutrition, diagnostic or therapeutic endoscopic procedures, and surgery)

VIII. Nursing Management of Clients with Sensory System and Neurological System Dysfunction (10%)

This area focuses on topics such as glaucoma, cataracts, retinal detachment, corneal disorders, inner ear dysfunction, Meniere's disease, otosclerosis, headaches, cerebrovascular accident, intracranial aneurysms, degenerative neurological diseases, brain and spinal cord trauma, seizure disorders, Guillain-Barré syndrome, inflammatory neurological disease, Lyme disease, Parkinson's disease, multiple sclerosis, Alzheimer's disease, myasthenia gravis, brain tumors.

- A. **Assessment** (for example: identifying risk factors for sensory system and neurological system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for impaired physical mobility, visual and auditory impairment, self-esteem disturbance, risk for injury, impaired skin integrity, impaired swallowing, altered elimination, sensory/perceptual alteration, impaired verbal communication, altered thought processes, self-care deficit, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living and rehabilitation; promoting effective coping strategies for client and family; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping client achieve optimal level of functioning; providing a safe environment; implementing the medical plan)

- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to anti-Parkinsonian agents, antispasmodics, anticholinergics, analgesics, anticholinesterase inhibitors, miotic agents, osmotic diuretics, corticosteroids, anticonvulsants, and surgery)

IX. Nursing Management of Clients with Musculoskeletal System Dysfunction (10%)

This area covers topics such as fractures, rheumatoid arthritis, osteoarthritis, osteomyelitis, osteoporosis, cervical and lumbar disc disease, carpal tunnel syndrome, amputations, osteogenic sarcoma, metastatic lesions.

- A. **Assessment** (for example: identifying risk factors for musculoskeletal system dysfunction, assessing for physical and behavioral manifestations, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client problems, determining appropriate goals and outcome criteria)
- C. **Planning** (for example: formulating specific strategies for impaired physical mobility, risk for injury, risk for falls, knowledge deficit, altered lifestyle, body image disturbance, altered comfort, self-care deficit, sleep pattern disturbance, and prevention of complications)
- D. **Implementation** (for example: assisting with activities of daily living and rehabilitation; teaching about self-care, medication management, self-monitoring techniques, and lifestyle changes; helping with exercises, transfer techniques, cast care, prostheses, traction, supportive devices, and assistive devices for mobilization; implementing the medical plan)

- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; evaluating adherence to exercise regimen; validating the client's perception of the effectiveness of intervention; evaluating response to nonsteroidal anti-inflammatory agents, corticosteroids, muscle relaxants, analgesics, and surgery, such as total joint replacement, laminectomy, fusion, arthroscopy)

X. Nursing Management of Clients with Immune System and Integumentary System Dysfunction (10%)

This area covers topics such as allergies; immunological deficiencies, such as acquired immunodeficiency syndrome (AIDS); systemic lupus erythematosus; tissue transplantation and rejection; inflammatory and infective dermatological disorders; burns; wounds and ulcers; skin cancers.

- A. **Assessment** (for example: identifying risk factors for immune system and integumentary system dysfunction, assessing for physical and behavioral manifestations, assessing wound characteristics, assessing stages of wound healing, interpreting laboratory and diagnostic test results)
- B. **Analysis** (for example: identifying relevant nursing diagnoses/collaborative problems, establishing priorities among client's problems, determining appropriate goals and outcome criteria)

- C. **Planning** (for example: formulating specific strategies for anxiety, ineffective breathing pattern, altered elimination, risk for infection, impaired tissue integrity, fluid volume deficit, knowledge deficit, anticipatory grieving, social isolation, impaired social interactions, body image disturbance, and prevention of complications)

- D. **Implementation** (for example: assisting with activities of daily living; medication management; assisting with environmental control and avoidance of allergens; assisting with prevention of infection; assisting with therapeutic baths, soaks, and topical medications; promoting effective coping strategies; promoting optimal sexual health; teaching about self-care, self-monitoring techniques, and lifestyle changes; implementing the medical plan)

- E. **Evaluation** (for example: evaluating response to intervention or therapy; appraising level of knowledge; validating the client's perception of the effectiveness of intervention; evaluating response to antihistamines, immunotherapy, antibiotics, immunosuppressants, skin care regimens, grafting, and reconstructive surgery)

Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which finding indicates adequate fluid volume in a client with hypovolemic shock?
 - 1) urinary output of at least 0.5 ml/kg/hr
 - 2) urine pH greater than 7.5
 - 3) urine specific gravity of 1.090
 - 4) negative urine glucose
2. Which factor is likely to contribute to the development of diarrhea in a client on continuous tube feeding via jejunostomy?
 - 1) rapid rate of feeding
 - 2) excess water in feeding
 - 3) improper tube placement
 - 4) low-fiber formula
3. The nurse should suspect hypocalcemia when the client exhibits which signs?
 - 1) tingling of the fingers, muscle spasms, and tetany
 - 2) night blindness, tachycardia, and weakness
 - 3) pale mucous membranes, shortness of breath, and lethargy
 - 4) bleeding tendencies, thirst, and hypotension
4. Which abnormal heart sound in a client recovering from a myocardial infarction should lead the nurse to suspect the onset of heart failure?
 - 1) split S₁
 - 2) gallop rhythm
 - 3) ejection click
 - 4) pericardial friction rub
5. Which finding in a client's lower extremities should lead the nurse to suspect venous insufficiency?
 - 1) pallor
 - 2) tenderness to touch
 - 3) swollen joints
 - 4) leathery skin texture
6. The nurse assesses that a client with lung cancer is exhibiting prolonged bleeding at a venipuncture site. The nurse should suspect that the client is developing which complication?
 - 1) anemia
 - 2) acute respiratory failure
 - 3) metastasis to the lymph nodes
 - 4) disseminated intravascular coagulation
7. The nurse teaches a client with venous insufficiency how to prevent the recurrence of venous stasis ulcers. Which client comment at the next clinic visit indicates an understanding of the nurse's teaching?
 - 1) "Support hose with the same pressure gradient on the entire leg are the best kind for me."
 - 2) "When I sit down, I try to alternate pressure by crossing and uncrossing my legs."
 - 3) "I take walks often and go swimming at least three times a week."
 - 4) "My support hose keep creeping down, so I hold them up with round garters."
8. Which data indicate a possible pneumothorax in a client who has had a thoracentesis?
 - 1) diminished breath sounds and dyspnea
 - 2) blood-tinged sputum and dullness on percussion
 - 3) flail chest and crackles on auscultation
 - 4) paradoxical chest movement and inspiratory stridor

9. A client receiving preoperative instructions about a total laryngectomy asks the nurse to explain esophageal speech. Which information should the nurse include?
- 1) The client can start to learn esophageal speech immediately after the surgery.
 - 2) The client starts learning esophageal speech by practicing controlled belching.
 - 3) Esophageal speech is clearly understandable from the beginning.
 - 4) Esophageal speech is easy to learn and most clients are proficient by discharge.
10. The nurse teaches a client's family how to administer oxygen to the client prior to nasotracheal suctioning. The nurse can conclude that the teaching was effective if a family member states which reason for giving oxygen first?
- 1) It will decrease the discomfort of suctioning.
 - 2) It will make it easier to cough and get secretions out during the procedure.
 - 3) It will replace what is suctioned out when the tube is in the lungs.
 - 4) It will provide an extra supply so there is enough in the bloodstream during suctioning.
11. Which data should the nurse expect when taking a health history from a client diagnosed as having acute pyelonephritis?
- 1) recent urethral catheterization
 - 2) long-standing hypertension
 - 3) chronic urinary tract infections
 - 4) recent influenza
12. Which measure should the nurse implement when a client is experiencing respiratory difficulty during peritoneal dialysis?
- 1) Slow the flow rate and elevate the head of the client's bed.
 - 2) Maintain the client in a supine position and encourage coughing and deep breathing.
 - 3) Drain the fluid immediately and assess the client's vital signs.
 - 4) Provide oxygen as needed and encourage the client to perform relaxation exercises.
13. The nurse teaches a client with acute renal failure about follow-up care. Which client statement indicates that the nurse's teaching was successful?
- 1) "I need to take antibiotics to avoid infections."
 - 2) "I need to decrease my protein intake to protect my kidneys."
 - 3) "I will have periodic laboratory tests to monitor my progress."
 - 4) "I will drink at least one gallon of fluid per day."
14. A female client who has a vaginal yeast infection complains of itching and burning of the vulva and perineum. What should the nurse suggest to the client to promote comfort?
- 1) Apply antibiotic cream.
 - 2) Empty the bladder frequently.
 - 3) Wear cotton underwear.
 - 4) Douche every morning.
15. When assessing the nutritional status of a client with premenstrual syndrome, the nurse should ask the client about her intake of which of the following?
- 1) supplemental fat-soluble and water-soluble vitamins
 - 2) natural diuretics, such as grapefruit
 - 3) foods high in protein and low in fat
 - 4) coffee, tea, and chocolate
16. The nurse is teaching a client who has had a vaginal hysterectomy. Which is a common complication that the client should know how to manage?
- 1) difficulty in voiding
 - 2) loss of appetite
 - 3) gastrointestinal upset
 - 4) excessive fatigue

17. Which instruction should the nurse include in a discharge plan to prevent lymphedema in a client who has had a mastectomy?
 - 1) Sleep on the affected side or on your back for eight weeks.
 - 2) Measure arm circumference weekly at four inches above and four inches below the elbow.
 - 3) Use your hand, arm, and shoulder on the operative side to perform activities of daily living.
 - 4) Follow a diet low in sodium and take a diuretic every day.
18. Which is an appropriate short-term goal for a client with Cushing's syndrome?
The client will
 - 1) gain weight.
 - 2) restrict activity.
 - 3) allow others to assist with hygiene.
 - 4) avoid people with colds or the flu.
19. The nurse has begun discharge planning with an active adolescent client who has been newly diagnosed with diabetes requiring insulin therapy. Which concept should the nurse include in the teaching plan?
 - 1) The client should eat more food during periods of increased exercise.
 - 2) It is not necessary to monitor glucose levels before and after strenuous exercise.
 - 3) The client should choose the thigh site for insulin injections prior to exercise.
 - 4) The client should use a higher than usual dose of insulin before aerobic exercise.
20. Which finding indicates the effective maintenance of fluid balance in a client with diabetes insipidus?
 - 1) urinary output of 3–4 L/day
 - 2) urine specific gravity of 1.010
 - 3) pulse rate of 100–110
 - 4) blood pressure of 90/64
21. Which findings should the nurse expect when assessing a client with hyperthyroidism?
 - 1) lethargy and constipation
 - 2) dry scaly skin and cold extremities
 - 3) weight loss and increased appetite
 - 4) periorbital pallor and frequent blinking
22. What is the primary purpose of administering histamine antagonists to a client with gastritis?
 - 1) to neutralize gastric acids
 - 2) to inhibit acid production by the gastric mucosa
 - 3) to relieve pain caused by gastric inflammation
 - 4) to decrease inflammation of the gastric mucosa
23. Which strategy for dietary management should the nurse include in a home care plan for a client who has had a gastric resection?
 - 1) Maintain a fat-free diet for bowel regularity.
 - 2) Promote liberal intake of fluids with and between meals.
 - 3) Increase carbohydrate intake with meals.
 - 4) Serve six small high-protein meals per day.
24. The nurse has taught the family of a client with pancreatitis about home care related to total parenteral nutrition (TPN). Which activity by a family member indicates an understanding of how to prevent the most common complication of this therapy?
 - 1) washing the hands carefully
 - 2) testing for protein in the urine
 - 3) recording daily weights
 - 4) troubleshooting mechanical problems in the pump

25. A client is being discharged following a corneal transplant. The nurse should instruct the client and caregivers to report which early manifestation of graft rejection?
- 1) blind spot in the visual field
 - 2) decrease in vision
 - 3) diplopia
 - 4) excess tearing in the eye
26. The nurse teaches a client with multiple sclerosis strategies to enhance bladder control. Which statement by the client indicates that the nurse's teaching was effective?
- 1) "I'll reduce my fluid intake."
 - 2) "I'll take my antihistamine medication as scheduled."
 - 3) "I'll catheterize myself several times a day."
 - 4) "I'll eat a diet high in protein."
27. Which action should the nurse take to prevent hip dislocation in a client who has had a total hip replacement?
- 1) Turn the client to the affected side.
 - 2) Keep the client's hip in abduction.
 - 3) Maintain hip flexion of the affected leg to less than 30°.
 - 4) Use a two-person lift when getting the client out of bed.
28. The assessment of pallor, pulselessness, and paresthesia in the affected extremity of a client in skeletal traction should alert the nurse to which possible complication?
- 1) fat embolus
 - 2) neurovascular damage
 - 3) osteomyelitis
 - 4) deep venous thrombosis
29. Which finding should the nurse expect in the health history of a female client diagnosed with osteoporosis?
- 1) recent weight gain
 - 2) prolonged immobility
 - 3) taking an estrogen replacement
 - 4) increased calcium in the diet
30. The nurse is reviewing the results of laboratory tests for a client who has AIDS. Which finding should alert the nurse that the client is at risk for a serious opportunistic infection?
- 1) negative polymerase chain reaction
 - 2) decreased amount of human immunodeficiency virus
 - 3) 2:1 ratio of T-helper cells to T-suppressor cells
 - 4) CD4⁺ lymphocyte count of 350–450 cells/ μ l
31. If a client who has had a renal transplant develops fever, elevated BUN level, hypertension, and graft tenderness, the nurse should suspect which complication?
- 1) infection
 - 2) renal failure
 - 3) kidney rejection
 - 4) fluid overload
32. The nurse is teaching a client how to prevent the spread of pediculosis capitis to other family members. Which strategy would be the most effective?
- 1) Wash the bedclothes daily.
 - 2) Use antibacterial soap and shampoo.
 - 3) Use topical corticosteroids to control pruritus.
 - 4) Do not share hats and scarves.
33. When providing emergent treatment for an open skin wound, the nurse should use which substance to clean the wound?
- 1) warm tap water
 - 2) sterile isotonic solution
 - 3) half-strength hydrogen peroxide
 - 4) alcohol swabs

Learning Resources for this Exam

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. We recommend that you obtain one of the two textbooks listed below to use in preparing for the examination. Each of these textbooks provides very good coverage of the topics on the content outline. For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in college libraries, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

Recommended Resources

Lewis, S. et al. (1996). *Medical-surgical nursing: Assessment and management of clinical problems* (4th ed.). St. Louis: Mosby.

This text covers general nursing concepts related to the adult client and nursing assessment and management of medical surgical problems. The nursing process is a major organizing theme. The text provides a brief review of anatomy and physiology before describing assessment and common diagnostic studies for each body system. The nursing role in management of diseases and disorders of body systems includes information related to health promotion and maintenance, acute intervention, and chronic and home care. Study aids include learning objectives and multiple choice review questions and answers, case studies with critical thinking challenges, and ethical and research content.

OR

Smeltzer, S., & Bare, B. (1996). *Brunner & Suddarth's Textbook of medical-surgical nursing* (8th ed.). Philadelphia: J.B. Lippincott.

This comprehensive text is organized into 17 sections with a total of 66 chapters. Charts and tables are used extensively to highlight key information. Each chapter focuses on the nursing process and concludes with critical thinking exercises and an extended list of references and bibliography. The appendix details diagnostic studies and their meaning. The text includes an IBM-compatible self-study disk.

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Additional Textbooks

As you use one of the recommended textbooks to study for this examination, you may find that you need additional clarification in specific content areas. The examination development committee recommends that you choose from the following additional textbooks to supplement your understanding or provide clarification of the material in the recommended textbooks. You may be able to locate these resources through a library.

Beare, P.G., & Myers, J.L. (1998). *Adult health nursing*. (3rd ed.). St. Louis: Mosby.

This well-illustrated text contains 60 chapters covering health deviations common to adult clients. Each chapter includes "clinical alert" sections which highlight major areas of nursing concern or common client complications. Critical thinking questions are included at the end of each chapter to assist the student in learning essential material. The text contains a thorough explanation of the physiologic aspects of each disease. A home care guide is included in the planning aspects of clinical care.

OR

Shannon, M.T. et al. (1995). *Govoni & Hayes Drugs and nursing implications*. (8th ed.). Norwalk, CT: Appleton & Lange.

This 1,200 page text provides a comprehensive, easy-to-follow guide for drug therapies. The index includes both general categories of mechanism of action and specific generic and trade names. The format is simple, yet thorough, and includes appropriate, research-based implications for nursing care.

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Key To Sample Questions

Question	Key	Content Area ¹	Question	Key	Content Area ¹
1	1	IF4	18	4	VIB
2	1	IG3	19	1	VIC
3	1	IE2	20	2	VIE
4	2	IIA	21	3	VIA
5	4	IIA	22	2	VIIB
6	4	IIB	23	4	VIID
7	3	IIE	24	1	VIII E
8	1	IIIA	25	2	VIIID
9	2	IIID	26	3	VIIIE
10	4	IIIE	27	2	IXD
11	3	IVA	28	2	IXA
12	1	IVD	29	2	IXA
13	3	IVE	30	4	XB
14	3	VD	31	3	XB
15	4	VA	32	4	XD
16	1	VD	33	2	XD
17	3	VC			

¹Content Area refers to the location of the question topic in the content outline.

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Anatomy & Physiology†	6	Differences in Nursing Care: Area C②.	5
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Ethics: Theory & Practice†	3*	Maternal & Child Nursing (associate)**	6
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